

State Historic Preservation Office  
North Carolina Office of Archives and History

**2010 HISTORIC PRESERVATION FUND (HPF) PASS-THROUGH  
GRANT APPLICATION FORM**

**PROJECT INFORMATION** (Please type or print)

Name of project: \_\_\_\_\_  
Project Type:  
    \_\_\_ Archaeological Investigation  
    \_\_\_ Architectural survey  
    \_\_\_ National Register (NR) nomination  
    \_\_\_ Survey publication manuscript  
    \_\_\_ Architectural/engineering study. Name of NR property: \_\_\_\_\_  
    \_\_\_ Restoration/rehabilitation. Name of NR property: \_\_\_\_\_  
    \_\_\_ Other (specify): \_\_\_\_\_

**CLG GRANT - APPLICANT INFORMATION (CLG, or CLG commission)**

Name of CLG governing board or CLG commission: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Federal ID # \_\_\_\_\_

Only CLGs or CLG commissions may apply for CLG grants. If the CLG, or CLG commission, is applying at the request of a nonprofit or educational institution, provide the following information:

Name of nonprofit or educational institution: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*\*\*Please attach the CLG commission's review comments or letter of support for this application.*

**NON-CLG GRANT - APPLICANT INFORMATION (local government, local historic preservation commission, nonprofit, or educational institution)**

Name of applicant: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Federal ID # \_\_\_\_\_

If the applicant is a local government or a historic preservation commission applying at the request of a nonprofit or educational institution, provide the following information:

Name of nonprofit or educational institution: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*\*\*Please attach the local governing board's or historic preservation commission's review comments or letter of support for this application.*

**LOCAL PROJECT COORDINATOR**

Person who will be the local project coordinator (for projects in CLG areas, it will be the CLG staff):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Local government or organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COMMITMENT OF LOCAL MATCHING FUNDS**

Name of donor: \_\_\_\_\_

Source of funds (e.g., general fund, private donations, foundation funds, etc): \_\_\_\_\_

Amount of cash: \_\_\_\_\_ Amount of in-kind: \_\_\_\_\_ Date Available: \_\_\_\_\_

Attach list if more than one donor.

**EQUAL OPPORTUNITY STATEMENT**

*\*\* Please attach a completed "Equal Opportunity Statement" signed by the applicant.*

**ABSTRACT OF PROPOSED PROJECT**

On a separate sheet, describe in one well developed paragraph what will be accomplished with the grant and matching funds and briefly describe how the project meets the goals of North Carolina's historic preservation plan for 2006-2012 (see goals, attached). Limit the abstract to three double- spaced typewritten pages.

**BUDGET: AN ESTIMATE OF PROJECT COSTS**

Submit an itemized budget for work to be accomplished with grant and matching funds during the estimated project period of \_\_\_\_\_ months beginning \_\_\_\_\_ and ending \_\_\_\_\_. Matching funds must constitute at least forty percent of total project costs.

**Budget Item:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Cost:**

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL ESTIMATED PROJECT COST \$ \_\_\_\_\_

GRANT REQUEST \$ \_\_\_\_\_ LOCAL MATCHING FUNDS \$ \_\_\_\_\_

**Budget Notes:**

- 1) Cash funds must be available for payment of direct costs, such as contractor fees, travel, and duplicating. Be sure that grant funds are matched with sufficient local nonfederal cash match to meet this requirement.
- 2) In-kind contributions may include donated labor or material, provided they are essential to the project and properly documented.

## APPLICATION REMINDERS

- ✓ Contact Historic Preservation Office (HPO) staff for assistance in developing the project description and estimating the budget. A site visit may be needed. HPO staff contact information is listed in the Instructions.
- ✓ Applications for architectural surveys must include the estimated number of acres and properties to be surveyed.
- ✓ Archaeological survey project abstracts must be accompanied by a map (USGS Quad) showing the area(s) to be covered and an estimate of the acreage to be covered.
- ✓ Properties and districts proposed for nomination to the National Register must be on the HPO Study List and/or deemed potentially eligible by HPO staff.
- ✓ National Register historic district nomination proposals must demonstrate local support.

\*\*\*\*\*

CLG Applicant or Other Applicant:

\_\_\_\_\_  
**SIGNATURE of local government official  
or officer of the Applicant**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**TITLE**

If the applicant above is a local government or local historic preservation commission applying at the request of a non-profit organization or educational institution, an official of the nonprofit organization or educational institution must sign below:

\_\_\_\_\_  
**SIGNATURE of official of nonprofit or educational institution  
submitting application through a local government or historic  
preservation commission**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**TITLE**

STATE HISTORIC PRESERVATION OFFICE  
OFFICE OF ARCHIVES AND HISTORY  
NORTH CAROLINA DEPARTMENT OF CULTURAL RESOURCES

Addendum to Grant Application

**EQUAL OPPORTUNITY STATEMENT**

THE NORTH CAROLINA HISTORIC PRESERVATION PROGRAM RECEIVES FEDERAL FINANCIAL ASSISTANCE FOR IDENTIFICATION AND PRESERVATION OF HISTORIC PROPERTIES. UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND SECTION 504 OF THE REHABILITATION ACT OF 1973, THE UNITED STATES DEPARTMENT OF THE INTERIOR PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR HANDICAP IN ITS FEDERALLY-ASSISTED PROGRAMS. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST IN ANY PROGRAM, ACTIVITY, OR FACILITY, AS DESCRIBED ABOVE, OR IF YOU DESIRE FURTHER INFORMATION, PLEASE WRITE TO: OFFICE OF EQUAL OPPORTUNITY, UNITED STATES DEPARTMENT OF THE INTERIOR, WASHINGTON, DC 20240.

CLG Applicant or Other Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of local government, local historic preservation commission,  
nonprofit, or educational institution

Project: \_\_\_\_\_

If the applicant is a local government or local historic preservation commission applying at the request of a non-profit organization or educational institution, an official of the nonprofit organization or educational institution must sign below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of nonprofit or educational institution

Note: Acknowledgement of the Equal Opportunity Statement above shall accompany each application for federal funding. Receipt of this signed and dated statement will fulfill this requirement. The applicant must sign the statement; and, if the applicant is a local government or local historic preservation commission applying at the request of a nonprofit or educational institution, the nonprofit or educational institution must also sign the statement.